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TRANSMITTAL **FORM** 

(to be used for all correspondence after initial filing)

10/099,905 **Application Number** March 12, 2002 **Filing Date** Daniel Esbensen **First Named Inventor** 2193 Group Art Unit Tan V. Mai **Examiner Name** 500-002830US

| l otal Number o                                      | of Pages in This Subm      | ission   | Attorney Docket Number   | er       |  |  |  |
|--|----------------------------|--|--|----------|--|--|--|
|  |                            |  | ENCLOSURES (check all that ap  | ply)     |  |  |  |
| X Fee Transm   | nittal Form                |  | Assignment Papers<br>(for an Application)                            |          | After Allowance Communication to Group                     |  |  |
| Fee A  | Attached                   |  | Drawing(s)   |          | Appeal Communication to Board of Appeals and Interferences |  |  |
| X Amendment / Response                               |                            |  | Licensing-related Papers   |          | Appeal Communication to Grou                               |  |  |
| Afte   | er Final                   |  | Petition Routing Slip (PTO/SB/69) and Accompanying Petition          |          | Proprietary Information                                    |  |  |
| Affic  | davits/declaration(s)      |  | Petition to Convert to a<br>Provisional Application                  |          | Status Letter  |  |  |
| $oxed{X}$ Extension of Time Request                  |                            |  | Power of Attorney, Revocation<br>Change of Correspondence<br>Address | X        | Additional Enclosure(s) (please identify below):           |  |  |
| Express Abandonment Request                          |                            |  | Terminal Disclaimer  |          | receipt acknowledgment postcard                            |  |  |
|  |                            |  | Small Entity Statement   |          |  |  |  |
| Information Disclosure Statemen                      |                            |  | Request for Refund   |          |  |  |  |
| Certified Copy of Priority Document(s)               |                            | Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with            |  |          |  |  |  |
| Response to Missing Parts/<br>Incomplete Application |                            | this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed. |  |          |  |  |  |
|  |                            | Re   | marks  |          |  |  |  |
| Response to Missing Parts under 37 CFR               |                            | <u> </u>   |  |          |  |  |  |
| 1.52   | 2 or 1.53                  |  |  |          |  |  |  |
|  | SIGNATU                    | IRE OI   | APPLICANT, ATTORNEY, OR  | AGE      | NT .   |  |  |
| Firm<br>or   | Stephen J. LeBla           | nc, Re   | g. No. 36,579, Quine Intellectual                                    | Prope    | erty Law Group, P.C.                                       |  |  |
| Individual name                                      | P                          |  | 1000   |          |  |  |  |
| Signature  | Thy                        | w/.  | LBh  |          |  |  |  |
| Date   | 1 24 April 06              |  |  |          |  |  |  |
|  |                            | CE   | RTIFICATE OF MAILING   |          |  |  |  |
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Signature

|  |                                |  | 1              | oponii to to conce    |                    | on unless it displays                 |                                 |
|--|--------------------------------|--|----------------|-----------------------|--------------------|---------------------------------------|---------------------------------|
| Effective on 12/08/2004. Arswant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |                                |  |                |                       |                    |                                       | 99,905                          |
| FEETR  | Application Number Filing Date |  |                | March 12, 2002        |                    |                                       |                                 |
|  | r FY 2                         |  | `_             | First Named I         | nventor            |                                       | Esbensen                        |
|  |                                |  |                | Examiner Nar          |                    |                                       | V. Mai                          |
| Applicant claims smal  | I entity statu                 | s. See 37 CFR 1.                               | 27             | Art Unit              |                    | 2                                     | 2193                            |
| TOTAL AMOUNT OF PAY  | MENT (\$                       | 225.00   |                | Attorney Dock         | ket No.            | 500-0                                 | 02830US                         |
| METHOD OF PAYMEN   | T (check a                     | II that apply)                                 |                |                       |                    |                                       |                                 |
|  |                                | Money Order                                    | Nor            | X Othou               | r/plassa idanti    | Benosit Ac                            | ccount                          |
|  |                                |  | 50-0893        | leOuler               | (please identi     | Quine Intellectual P                  | roperty Law Group,              |
| X Deposit Account I  |                                |  |                |                       |                    |                                       | ·····                           |
| X Charge fee(s   |                                |  | 3101 15 1101   |                       |                    | icated below, exce                    | ant for the filing fo           |
|  |                                |  | ante affai     |                       |                    |                                       | ept for the filing le           |
| under 37 CF  | R 1.16 and 1                   | e(s) or underpayme<br>I.17                     |                |                       | dit any overpa     | -                                     |                                 |
| WARNING: Information on this tinformation and authroization or                             |                                | ime public. Credit car                         | rd informati   | on should not be i    | included on this f | form. Provide credit                  | card                            |
| FEE CALCUL ATION   |                                |  | · · · · · · ·  |                       |                    | -                                     |                                 |
| 1. BASIC FILING, SEAI  | RCH, AND                       | EXAMINATION                                    | IFEES          |                       |                    |                                       | <del></del>                     |
| ,, 2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | FILING                         | FEES   |                | CH FEES               |                    | ATION FEES                            |                                 |
| Application Type   | Fee (\$)                       | Small Entity<br>Fee (\$)                       | Fee (\$)       | Small Entity Fee (\$) | Fee (\$)           | Small Entity<br>Fee (S)               | Fees Paid (S                    |
| Utility  | 300                            | 150  | 500            | 250                   | 200                | 100                                   |                                 |
| Design .   | 200                            | 100  | 100            | 50                    | 130                | 65                                    |                                 |
| Plant  | 200                            | 100  | 300            | 150                   | 160                | 80                                    |                                 |
| Reissue  | 300                            | 150  | 500            | 250                   | 600                | 300                                   |                                 |
| Provisional  | 200                            | 100  | 0              | 0                     | 0                  | 0                                     |                                 |
| 2. EXCESS CLAIM FEI  | ES                             |  |                |                       |                    | Fee (S)                               | Small Entity                    |
| Fee Description Each claim over 20   | (including                     | Reissues)                                      |                |                       |                    | 50                                    | <u>Fee (\$)</u><br>25           |
| Each independent of  |                                |  | issues)        |                       |                    | 200                                   | 100                             |
| Multiple dependent   | claims                         |  |                |                       |                    | 360                                   | 180                             |
| <u>Total Claims</u> - 20 or HP =   |                                |  |                | Paid (\$)             |                    | Multiple Der<br>Fee (\$)              | pendent Claims<br>Fee Paid (\$) |
| HP = highest number of tota  | al daims paid                  | for, if greater than 20.                       | ).             |                       |                    | 1 00 (47                              | . 00 1 010 151                  |
| Indep. Claims  | Extra Cla                      | <u>ims                                    </u> | <u>Fee</u>     | Paid (\$)             |                    |                                       |                                 |
| HP = highest number of inde  | ependent clain                 | xns paid for, if greater                       | _ =<br>than 3. |                       |                    |                                       |                                 |
| 3. APPLICATION SIZE  | FEE                            |  |                |                       |                    |                                       |                                 |
| If the specification and clistings under 37 CFR 1  | trawings ex                    | ceed 100 sheets                                | of paper       | r (excluding el       | iectronically t    | ited sequence of<br>ity) for each add | or computer<br>litional 50      |
| sheets or fraction thereo  | or. See 35                     | U.S.C. 41(a)(1)(0                              | G) and 27      | 7 CFR 1.16(s)         | ١.                 |                                       |                                 |
| <u>Total Sheets</u> - 100  | Extra She                      | eets Numb                                      | ber of eac     | h additional 50       | or fraction the    | reof (                                | \$) Fee Pai                     |
|  |                                | /50 =  |                | round up              | to a whole no      | mbery x                               |                                 |
| 4. OTHER FEE(S)  Non-English Specific  | cation, S13                    | 0 fee (no small                                | entity di      | scount)               |                    |                                       | Fees Pa                         |
| Other (e.g. late filing  | surcharne                      | e).  |                |                       |                    |                                       |                                 |
| Dogwoot for  | Extension                      | of Time  |                |                       |                    |                                       | 2                               |
| Other: Request for Other:  |                                |  |                |                       |                    |                                       | <del></del> -                   |

| SUBMITTED BY      | 1  |        |               |                                   | · · · · · · · · · · · · · · · · · · · |                |     |
|-------------------|----|--------|---------------|-----------------------------------|---------------------------------------|----------------|-----|
| Signature         | XX | 51. %  | Bh            | Registration No. (Alterney/Agent) | 36,579                                | Telephone      |     |
| Name (Print/Type) |    | Stephe | en J. LeBlanc |                                   |                                       | Date &Y. April | 106 |